NON-PROVISIONAL UTILITY PATENT APPLICATION TRANSMITTAL - 37 CFR 1.53(b)

[] Duplicate (check, if applicable)



MAIL STOP PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket No.: 9249-53U1 First Named Inventor: Gary D. Giegerich Express Mail Label No.: EV343988655US Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

MULTI-GAME CABINET

which	is:								
an	[X]	Original; or							
a	[](Continuation, [] Divisional, or [] Continuation-in-part (CIP)							
	of prio	or Application No. &@ filed&@.							
	Antici	pated Group/Art Unit: &@ or Class &@, Subclass &@.							
[X]	This n	on-provisional patent application is based on Provisional Patent Application No.							
	60/440	0,813, filed January 17, 2003.							
Enclos	sed are:								
	[X]	Specification (including Abstract) and claims: 9 pages.							
	[X]	7 sheets of drawings (formal).							
	[]	Application Data Sheet.							
	[X]	Newly executed Declaration (copy of original).							
	[]	Copy of Declaration from prior application.							
	[]	Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).							
	[]	Microfiche computer program (Appendix).							
	[]	Nucleotide and/or Amino Acid Sequence Submission, including:							
	[]	Computer readable copy [] Paper Copy [] Verified Statement.							
	[X]	Under PTO-1595 Cover Sheet, an assignment of the invention							
	[X]	Name of Assignee: DMI Sports, Inc.							
	[]	Certified copy(ies) of &@ Application No(s). &@ filed &@ is/are filed:							
		[] herewith or [] in prior application &@.							

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- [X] Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as [] an Independent Inventor, or [X] a Small Business Concern, or [] a Non-Profit Organization.
- [] Preliminary Amendment.
- [] Information Disclosure Statement, PTO/SB/08A, and cited references.
- [] Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- [] Other: &@

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$375			BASIC FEE: \$750	
Total	10 - 20 =	-0-	X9	\$-0-	OR	X18	\$-0-
Independent	3 - 3 =	-0-	X42	\$-0-	OR	X84	\$-0-
[] Multiple D	ependent Claim	\$140	\$-0-	OR	\$280	\$-0-	
			TOTAL	\$375.00	OR	TOTAL	\$-0-

- [] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- [X] A check in the amount of \$375.00 to cover the filing is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account**No. 50-1017 (Billing No. 209249.0062) as noted below. A duplicate copy of this sheet is enclosed.
 - [X] Any overpayments or deficiencies in the above-calculated fee.
 - [] Filing fee in the amount of \$_____ as calculated above.
 - [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
 - [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

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LLK:KBG:cbf Enclosures